```
     (FILE 'HOME' ENTERED AT 11:06:50 ON 23 AUG 2004)

     FILE 'USPATFULL' ENTERED AT 11:13:27 ON 23 AUG 2004
L1             1 S US5478852/PN
L2             0 S L1 AND "GM"
L3             1 S L1 AND "MG"
L4            72 S METABOLIZABLE CARBOHYDRATE
L5         32465 S DIET
L6            28 S L4 AND L5 AND TREAT?

=> s l6 and gram
L7            19 L6 AND GRAM

=> s l4 and l5 and (]treat? (50a) gram?)
L8             6 L4 AND L5 AND (]TREAT? (50A) GRAM?)

=> s l4 and l5 and (treat? (50a) gram?)
L9             6 L4 AND L5 AND (TREAT? (50A) GRAM?)
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stress) and vitamin B12 deficiency are common, secondary **prevention** should focus on stress and dietary factors. Nerve growth factors and ganglioside GM1 have been used to inhibit progression of the disorder, but this treatment is still at an experimental stage, as are efforts to prevent the formation of amyloid. Breakthroughs in AD/SDAT treatment have been seen in trials with supplementation of neurotransmitter deficits. Tacrine, a drug that inhibits acetylcholinesterase, has proved to have a cognitive-enhancing effect, but this is limited in time and the drug has side-effects. Selective serotonin reuptake inhibitors have a proven effect on the emotional disturbances seen in AD/SDAT.

CT Check Tags: Human

Alzheimer Disease: PC, prevention & control

*Alzheimer Disease: TH, therapy
Amyloid: BI, biosynthesis
Nerve Growth Factors: TU, therapeutic use
Neurotransmitters: DF, deficiency
Serotonin Uptake Inhibitors: TU, therapeutic use
Tacrine: TU, therapeutic use
Vitamin B 12: TU, therapeutic use

RN 321-64-2 (Tacrine); 68-19-9 (Vitamin B 12)

CN 0 (Amyloid); 0 (Nerve Growth Factors); 0 (Neurotransmitters); 0 (Serotonin Uptake Inhibitors)

L21 ANSWER 9 OF 16 MEDLINE on STN

AN 92005082 MEDLINE

DN PubMed ID: 1822096

TI Would decreased aluminum ingestion reduce the incidence of Alzheimer's disease?.

CM Comment in: CMAJ. 1992 Feb 15;146(4):431-2. PubMed ID: 1737295
Comment in: CMAJ. 1992 Feb 15;146(4):431; author reply 432. PubMed ID: 1737294
Comment in: CMAJ. 1992 May 1;146(9):1534. PubMed ID: 1637405
Comment in: CMAJ. 1992 Sep 15;147(6):845-7. PubMed ID: 1285757
Comment in: CMAJ. 1993 Dec 1;149(11):1631. PubMed ID: 8242502

AU McLachlan D R; Kruck T P; Lukiw W J; Krishnan S S

CS Department of Medicine, University of Toronto, Ont.

SO CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, (1991 Oct 1) 145 (7) 793-804. Ref: 149
Journal code: 9711805. ISSN: 0820-3946.

CY Canada

DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199111

ED Entered STN: 19920124
Last Updated on STN: 20021022
Entered Medline: 19911112

AB Although the cause of **Alzheimer**'s disease (AD) remains **unknown** there is mounting evidence that implicates aluminum as a toxic environmental factor of considerable importance. Four independent lines of evidence--laboratory studies of the effects of intracerebral aluminum on the cognitive and memory performance of animals, biochemical studies, epidemiologic studies and the slowing of the progress of the disease with the use of an agent that removes aluminum from the body--now support the concept that aluminum is one of the pathogenic factors in AD. The evidence warrants serious consideration of reducing human exposure to aluminum. We hypothesize that a public health effort to restrict human ingestion of aluminum would reduce the incidence of this common chronic illness in the elderly.

CT Check Tags: Human; Support, Non-U.S. Gov't

VANAMELSVOORT T A M J	2001	26	493	PSYCHONEUROENDOCRINO
VANBUREN G A	1992	167	828	AM J OBSTET GYNECOL
WANG P N	2000	54	2061	NEUROLOGY
WOLF O T	1999	24	727	PSYCHONEUROENDOCRINO
WOOLLEY C S	1993	336	293	J COMP NEUROL
WOOLLEY C S	1997	17	1848	J NEUROSCI
WREN B G	1998	12	3433	DRUG AGING
XU H X	1998	4	447	NAT MED
YAFFE K	2000	54	1949	NEUROLOGY
YAFFE K	2000	356	708	LANCET

L21 ANSWER 11 OF 16 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2001:888760 SCISEARCH
GA The Genuine Article (R) Number: 487WT
TI Aspirin and non-steroidal anti-inflammatory drugs inhibit amyloid-beta aggregation
AU Thomas T (Reprint); Nadackal T G; Thomas K
CS Woodlands Med Ctr & Endron Therapeut, 3150 Tampa Rd 16, Oldsmar, FL 34677 USA (Reprint); Woodlands Med Ctr & Endron Therapeut, Oldsmar, FL 34677 USA
CYA USA
SO NEUROREPORT, (29 OCT 2001) Vol. 12, No. 15, pp. 3263-3267.
Publisher: LIPPINCOTT WILLIAMS & WILKINS, 530 WALNUT ST, PHILADELPHIA, PA 19106-3621 USA.
ISSN: 0959-4965.
DT Article; Journal
LA English
REC Reference Count: 30
AB The neurotoxic and proinflammatory actions of the Alzheimer peptide amyloid-beta (A beta) are dependent on its aggregation and beta -sheet conformation. Chronic use of non-steroidal antiinflammatory drugs (NSAIDs) such as aspirin for arthritis decreases the risk of developing **Alzheimer**'s disease (AD) by **unknown** mechanisms. We report that these drugs inhibit human A beta aggregation in vitro and reverse the beta -sheet conformation of preformed fibrils at clinically relevant doses. Aspirin prevented enhanced A beta aggregation by aluminum, an environmental risk factor for AD. This anti-aggregatory effect was restricted to NSAIDs and was not exhibited by other drugs used in AD therapy. NSAIDS may have a role in the **prevention** and treatment of AD, in addition to a number of age-related disorders such as arthritis, cardiovascular disease and cancer. NeuroReport 12:3263-3267 (C) 2001 Lippincott Williams & Wilkins.
CC NEUROSCIENCES
ST Author Keywords: Alzheimer's disease; amyloid-beta; amyloid aggregation; amyloid plaque; aspirin; COX-2 inhibitors; inflammation; neurotoxicity; NSAIDs
STP KeyWords Plus (R): ALZHEIMERS-DISEASE; PEPTIDE; BRAIN; NEUROTOXICITY; THERAPY; MODEL
RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
ALZHEIMER A	1907	30	177	CENTRALBLATT NERVENH
BENCE N F	2001	292	1552	SCIENCE
CITRON M	2000	6	392	MOL MED TODAY
CRIBBS D H	2000	39	5988	BIOCHEMISTRY-US
FURST D E	2000		596	BASIC CLIN PHARM
JANUS C	2000	408	979	NATURE
KAHN S E	1999	48	241	DIABETES
KAPLANMACHILIS B	1999	39	979	ANN PHARMACOTHER
KAYTOR M D	1999	274	37507	J BIOL CHEM
KLEIN L W	2001	24	219	TRENDS NEUROSCI
LADNER C J	1998	57	719	J NEUROPATH EXP NEUR
MALIK N S	1994	199	683	BIOCHEM BIOPH RES CO

(14) McGeer, P; Brain Res Rev 1995, V21, P195 MEDLINE
(15) Naslund, J; J Am Med Assoc 2000, V283, P1571 CAPLUS
(16) Paulus, H; Primer on the Rheumatic Diseases 1997, P422
(17) Pike, C; J Neurochem 1995, V64, P253 CAPLUS
(18) Rogers, J; Neurology 1993, V43, P1609 MEDLINE
(19) Scott, M; Proc Natl Acad Sci 1999, V96, P15137 CAPLUS
(20) Selkoe, D; Neurol Clin 2000, V18, P903 MEDLINE
(21) Shen, C; Biophys J 1995, V69, P640 CAPLUS
(22) Soto, C; Nature Med 1998, V4, P822 CAPLUS
(23) Thomas, T; Microvasc Res 2001, V61, P28 CAPLUS
(24) Thomas, T; Nature 1996, V380, P168 CAPLUS
(25) Thomas, T; Neurobiol Aging 2000, V21, P343 CAPLUS
(26) Tomiyama, T; J Biol Chem 1999, V271, P6839
(27) Vane, J; Nature 1971, V231, P222
(28) Wallace, J; Thrombosis Res 1999, V93, P43 CAPLUS
(29) Wolf, M; N Engl J Med 1999, V340, P1888
(30) Yang, J; Methods Enzymol 1986, V130, P208 CAPLUS

L21 ANSWER 2 OF 16 CAPLUS COPYRIGHT 2004 ACS on STN
AN 1997:275852 CAPLUS
DN 126:338217
ED Entered STN: 30 Apr 1997
TI Potential therapeutic targets in Alzheimer's disease
AU Simonic, Ante; Zupan, Gordana
CS Department of Pharmacology School of Medicine, University of Rijeka, Rijeka, 51000, Croatia
SO Acta Pharmaceutica (Zagreb) (1997), 47(1), 1-7
CODEN: ACPHEE; ISSN: 1330-0075
PB Croatian Pharmaceutical Society
DT Journal; General Review
LA English
CC 1-0 (Pharmacology)
AB A review with 29 refs. **Alzheimer**'s disease (AD) is a common, heterogeneous age related degenerative dementia of **unknown** etiol. and multifactorial origin. It is characterized by a progressive loss of intellectual function. At present there is no available treatment that can cure, reverse or stop the progression of AD. The basic strategies for potentially effective treatment for AD are: compensation of cholinergic deficit, blockade of excitatory amino acid receptor overstimulation, blockade of excessive influx of extracellular Ca2+, decrease of free acids and free radicals accumulation, blockade of beta amyloid deposition and hyperphosphorylation of tau protein, and apoptosis **prevention**.
ST review Alzheimer therapeutic
IT Anti-Alzheimer's agents
(potential therapeutic targets in Alzheimer's disease)

L21 ANSWER 3 OF 16 MEDLINE on STN
AN 2002334200 MEDLINE
DN PubMed ID: 12077215
TI Androgens protect against apolipoprotein E4-induced cognitive deficits.
AU Raber Jacob; Bongers Gerold; LeFevour Anthony; Buttini Manuel; Mucke Lennart
CS Gladstone Institute of Neurological Disease and Department of Neurology, University of California, San Francisco, California 94141, USA.. raberj@ohsu.edu
NC AG11385 (NIA)
SO Journal of neuroscience : official journal of the Society for Neuroscience, (2002 Jun 15) 22 (12) 5204-9.
Journal code: 8102140. ISSN: 1529-2401.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English

FS Priority Journals
EM 200207
ED Entered STN: 20020623
Last Updated on STN: 20020716
Entered Medline: 20020715
AB Compared with apolipoprotein (apo) E2 and E3, apoE4 increases the risk of **Alzheimer**'s disease (AD), but it remains **unknown** how apoE4 affects neuronal function. ApoE4 interacts with female gender, further increasing the risk of AD and decreasing treatment response. Female mice are also more susceptible to apoE4-induced impairments of spatial learning and memory than male mice. To assess the role of sex steroids in this process, we studied mice deficient in mouse apoE (Apoe(-/-)) and expressing human apoE4 or apoE3 in the brain at comparable levels. Even brief periods of androgen treatment improved the memory deficits of female apoE4 mice. Female apoE3 mice had no memory deficits and did not benefit from the treatment. ApoE4 male mice, which performed normally in a water-maze test at baseline, developed prominent deficits in spatial learning and memory after blockade of androgen receptors (ARs), whereas apoE3 male mice did not. Untreated apoE4 mice had significantly lower cytosolic AR levels in the neocortex than wild-type, Apoe(-/-), and apoE3 mice. Improved memory in androgen-treated female apoE4 mice was associated with increased cytosolic AR levels. Our findings suggest that apoE4 contributes to cognitive decline by reducing AR levels in the brain, and that stimulating AR-dependent pathways can reverse apoE4-induced cognitive deficits.
CT Check Tags: Female; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Androgen Antagonists: PD, pharmacology
*Androgens: PD, pharmacology
Animals
Apolipoproteins E: GE, genetics
Apolipoproteins E: ME, metabolism
*Apolipoproteins E: PH, physiology
Brain: ME, metabolism
*Cognition
Cognition Disorders: PC, prevention & control
Dihydrotestosterone: PD, pharmacology
*Flutamide: AA, analogs & derivatives
Flutamide: PD, pharmacology
Maze Learning
Memory
Mice
Mice, Inbred C57BL
Mice, Knockout
Neuroprotective Agents: PD, pharmacology
Receptors, Androgen: ME, metabolism
Recognition (Psychology)
Sex Factors
Testosterone: BL, blood
Testosterone: PD, pharmacology
RN 13311-84-7 (Flutamide); 521-18-6 (Dihydrotestosterone); 52806-53-8 (hydroxyflutamide); 58-22-0 (Testosterone)
CN 0 (Androgen Antagonists); 0 (Androgens); 0 (Apolipoproteins E); 0 (Neuroprotective Agents); 0 (Receptors, Androgen); 0 (apolipoprotein E-3); 0 (apolipoprotein E-4)

L21 ANSWER 4 OF 16 MEDLINE on STN
AN 2001664471 MEDLINE
DN PubMed ID: 11711868
TI Aspirin and non-steroidal anti-inflammatory drugs inhibit amyloid-beta aggregation.
AU Thomas T; Nadackal T G; Thomas K
CS Woodlands Medical Center and Endron Therapeutics, 3150 Tampa Road, #16

Oldsmar, FL 34677, USA.
SO Neuroreport, (2001 Oct 29) 12 (15) 3263-7.
Journal code: 9100935. ISSN: 0959-4965.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200202
ED Entered STN: 20011119
Last Updated on STN: 20020220
Entered Medline: 20020219
AB The neurotoxic and proinflammatory actions of the Alzheimer peptide amyloid-beta (Abeta) are dependent on its aggregation and beta-sheet conformation. Chronic use of non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin for arthritis decreases the risk of developing **Alzheimer**'s disease (AD) by **unknown** mechanisms. We report that these drugs inhibit human Abeta aggregation in vitro and reverse the beta-sheet conformation of preformed fibrils at clinically relevant doses. Aspirin prevented enhanced Abeta aggregation by aluminum, an environmental risk factor for AD. This anti-aggregatory effect was restricted to NSAIDs and was not exhibited by other drugs used in AD therapy. NSAIDS may have a role in the **prevention** and treatment of AD, in addition to a number of age-related disorders such as arthritis, cardiovascular disease and cancer.
CT Check Tags: Human; In Vitro
*Alzheimer Disease: DT, drug therapy
Alzheimer Disease: ME, metabolism
Alzheimer Disease: PP, physiopathology
*Amyloid beta-Protein: DE, drug effects
Amyloid beta-Protein: ME, metabolism
Amyloid beta-Protein: UL, ultrastructure
*Anti-Inflammatory Agents, Non-Steroidal: PD, pharmacology
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
*Aspirin: PD, pharmacology
Aspirin: TU, therapeutic use
*Cyclooxygenase Inhibitors: PD, pharmacology
Cyclooxygenase Inhibitors: TU, therapeutic use
Isoenzymes: AI, antagonists & inhibitors
Isoenzymes: ME, metabolism
Microscopy, Electron
Peptide Fragments: DE, drug effects
Peptide Fragments: ME, metabolism
Peptide Fragments: UL, ultrastructure
Prostaglandin-Endoperoxide Synthase: ME, metabolism
Protein Structure, Secondary: DE, drug effects
Protein Structure, Secondary: PH, physiology
Senile Plaques: CH, chemistry
*Senile Plaques: DE, drug effects
Senile Plaques: UL, ultrastructure
Sulfonamides: PD, pharmacology
RN 169590-42-5 (celecoxib); 50-78-2 (Aspirin)
CN 0 (Amyloid beta-Protein); 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Peptide Fragments); 0 (Sulfonamides); 0 (amyloid beta-protein (25-35)); EC 1.14.99.- (cyclooxygenase 1); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L21 ANSWER 5 OF 16 MEDLINE on STN
AN 2000261833 MEDLINE
DN PubMed ID: 10799751
TI Dominant negative effects of apolipoprotein E4 revealed in transgenic models of neurodegenerative disease.
AU Buttini M; Akeefe H; Lin C; Mahley R W; Pitas R E; Wyss-Coray T; Mucke L

CS Gladstone Institute of Neurological Disease University of California, P.O. Box 41900, San Francisco, CA 94141-9100, USA.
SO Neuroscience, (2000) 97 (2) 207-10.
Journal code: 7605074. ISSN: 0306-4522.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200007
ED Entered STN: 20000810
Last Updated on STN: 20000810
Entered Medline: 20000727
AB Apolipoprotein E fulfills fundamental functions in lipid transport and neural tissue repair after injury.(6,8) Its three most common isoforms (E2, E3, and E4) are critical determinants of diverse human diseases, including major cardiovascular and neurodegenerative disorders.(8,14) Apolipoprotein E4 is associated with an increased risk for **Alzheimer**'s disease(3,5) and poor clinical outcome after head injury or stroke.(11,16) The precise role of apolipoprotein E4 in these conditions remains **unknown**. To characterize the effects of human apolipoprotein E isoforms in vivo, we analysed transgenic Apoe knockout mice that express apolipoprotein E3 or E4 or both in the brain. Hemizygous and homozygous apolipoprotein E3 mice were protected against age-related and excitotoxin-induced neurodegeneration, whereas apolipoprotein E4 mice were not. Apolipoprotein E3/E4 bigenic mice were as susceptible to neurodegeneration as apolipoprotein E4 singly-transgenic mice. At eight months of age neurodegeneration was more severe in homozygous than in hemizygous apolipoprotein E4 mice consistent with a dose effect. Thus, apolipoprotein E4 is not only less neuroprotective than apolipoprotein E3 but also acts as a dominant negative factor that interferes with the beneficial function of apolipoprotein E3. The inhibition of this apolipoprotein E4 activity may be critical for the **prevention** and treatment of neurodegeneration in APOE varepsilon4 carriers.
CT Check Tags: Human
Alzheimer Disease: GE, genetics
Animals
Apolipoproteins E: DF, deficiency
*Apolipoproteins E: GE, genetics
Apolipoproteins E: PH, physiology
Apolipoproteins E: TO, toxicity
Axons: PA, pathology
*Brain: ME, metabolism
Brain: PA, pathology
Dendrites: PA, pathology
Disease Models, Animal
Mice
Mice, Knockout
Mice, Transgenic
Microtubule-Associated Proteins: AN, analysis
*Neurodegenerative Diseases: GE, genetics
Neurodegenerative Diseases: PA, pathology
Neuroprotective Agents
Presynaptic Terminals: PA, pathology
Synaptophysin: AN, analysis
CN 0 (Apolipoproteins E); 0 (Microtubule-Associated Proteins); 0 (Neuroprotective Agents); 0 (Synaptophysin); 0 (apolipoprotein E-3); 0 (apolipoprotein E-4)

L21 ANSWER 6 OF 16 MEDLINE on STN
AN 1999352510 MEDLINE
DN PubMed ID: 10423711
TI Hormone replacement therapy: the perspectives for the 21st century.

AU Genazzani A R; Gambacciani M
CS Department of Obstetrics and Gynecology Piero Fioretti, University of Pisa, Italy.
SO Maturitas, (1999 May 31) 32 (1) 11-7. Ref: 73
Journal code: 7807333. ISSN: 0378-5122.
CY Ireland
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199909
ED Entered STN: 19991012
Last Updated on STN: 19991012
Entered Medline: 19990930
AB Nowadays different lines of evidence demonstrate the benefits of postmenopausal hormone replacement therapy (HRT). HRT is extremely effective in treating subjective symptoms and can really improve the quality of life of climacteric women. HRT and dementia: Estrogens are potentially relevant to the pathogenesis and treatment of Alzheimer's disease. The effects of different progestogens on cognitive functions and **Alzheimer**'s disease are largely **unknown**. The **prevention** of Alzheimer disease might be a major indication to long term HRT. Large prospective, randomized trials will confirm these preliminary data. HRT and osteoporosis: HRT has been strongly correlated with higher bone mineral density and lower fracture incidence. Definite answers in terms of minimum effective dosages, timing and duration of HRT for fracture **prevention** are needed. HRT and cardiovascular disease: Different lines of evidence suggest that HRT can exert cardioprotective effects with substantial reduction of morbidity and mortality for cardiovascular disease in postmenopausal women. The effects and the role of progestogens in cardiovascular disease **prevention** are still debated. Prospective, randomized, controlled studies are needed to assess the impact of different HRT regimens on cardiovascular events. HRT and cancer: The major issue in the relationship between HRT and cancer is breast cancer. Long-term and current HRT use are followed by a slight, though significant increase in the risk of breast cancer. Progestogens can modify the cellular response of normal as well as cancer breasts. The possible protective effect of continuous progestogen addition is very interesting and needs further investigation. Alternative to classical HRT: Selective estrogen receptor modulators (SERM). SERMs such as raloxifene (RAL) are a new class of drugs that exert site specific estrogenic or antiestrogenic effects in different target tissues. RAL prevents bone loss and reduces serum cholesterol in postmenopausal women. In contrast to estrogen RAL does not stimulate breast or uterine tissues. In vitro RAL is highly effective at inhibiting the growth of estrogen-dependent breast adenocarcinoma cells. SERMs are expected to represent a major breakthrough for postmenopausal health. CONCLUSION: HRT can be offered either as a preventive tool or as individualized care on the basis of personal needs. New therapeutic options like the SERMs will offer a substantial medical advancement for the treatment of postmenopausal women.
CT Check Tags: Female; Human
Adult
Aged
*Climacteric: DE, drug effects
Forecasting
Hormone Replacement Therapy: CT, contraindications
*Hormone Replacement Therapy: TD, trends
Middle Aged
Quality of Life
Treatment Outcome

MANTYH P W	1993	61	1171	J NEUROCHEM
MCGEER P L	1995	21	195	BRAIN RES REV
NASLUND J	2000	283	1571	JAMA-J AM MED ASSOC
PAULUS H E	1997		422	PRIMER RHEUMATIC DIS
PIKE C J	1995	64	253	J NEUROCHEM
ROGERS J	1993	43	1609	NEUROLOGY
SCOTT M R	1999	96	15137	P NATL ACAD SCI USA
SELKOE D J	2000	18	903	NEUROL CLIN
SHEN C L	1995	69	640	BIOPHYS J
SOTO C	1998	4	822	NAT MED
THOMAS T	2001	61	28	MICROVASC RES
THOMAS T	2000	21	343	NEUROBIOL AGING
THOMAS T	1996	380	168	NATURE
TOMIYAMA T	1999	271	6839	J BIOL CHEM
VANE J R	1971	231	235	NATURE
WALLACE J L	1999	93	43	THROMB RES
WOLFE M M	1999	340	1888	NEW ENGL J MED
YANG J T	1986	130	208	METHOD ENZYMOL

L21 ANSWER 12 OF 16 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 2000:386930 SCISEARCH
GA The Genuine Article (R) Number: 314PK
TI Dominant negative effects of apolipoprotein E4 revealed in transgenic models of neurodegenerative disease
AU Buttini M; Akeefe H; Lin C; Mahley R W; Pitas R E; WyssCoray T; Mucke L (Reprint)
CS UNIV CALIF SAN FRANCISCO, GLADSTONE INST NEUROL DIS, POB 41900, SAN FRANCISCO, CA 94141 (Reprint); UNIV CALIF SAN FRANCISCO, GLADSTONE INST NEUROL DIS, SAN FRANCISCO, CA 94141; UNIV CALIF SAN FRANCISCO, DEPT NEUROL, SAN FRANCISCO, CA 94141; UNIV CALIF SAN FRANCISCO, DEPT PATHOL, SAN FRANCISCO, CA 94141; UNIV CALIF SAN FRANCISCO, DEPT MED, SAN FRANCISCO, CA 94141
CYA USA
SO NEUROSCIENCE, (MAY 2000) Vol. 97, No. 2, pp. 207-210.
Publisher: PERGAMON-ELSEVIER SCIENCE LTD, THE BOULEVARD, LANGFORD LANE, KIDLINGTON, OXFORD OX5 1GB, ENGLAND.
ISSN: 0306-4522.
DT Article; Journal
FS LIFE
LA English
REC Reference Count: 18
AB Apolipoprotein E fulfills fundamental functions in lipid transport and neural tissue repair after injury.(6,8) Its three most common isoforms (E2, E3, and E4) are critical determinants of diverse human diseases, including major cardiovascular and nenrodegenerative disorders.(8,14) Apolipoprotein E4 is associated with an increased risk for **Alzheimer**'s disease(3,5) and poor clinical outcome after head injury or stroke.(11,16) The precise role of apolipoprotein E4 in these conditions remains **unknown**. To characterize the effects of human alpolipoprotein E isoforms in vivo, we analysed transgenic Apoe knockout mice that express apolipoprotein E3 or E4 or both in the brain. Hemizygous and homozygous apolipoprotein E3 mice were protected against age-related and excitotoxin-induced neurodegeneration, whereas apolipoprotein E4 mice were not. Apolipoprotein E3/E4 bigenic mice were as susceptible to neurodegeneration as apolipoprotein E4 singly-transgenic mice. At eight months of age neurodegeneration was more severe in homozygous than in hemizygous apolipoprotein E4 mice consistent with a dose effect. Thus, apolipoprotein E4 is not only less neuroprotective than apolipoprotein E3 but also acts as a dominant negative factor that interferes with the beneficial function of apolipoprotein E3, The inhibition of this apolipoprotein E4 activity may be critical for the **prevention** and treatment of neurodegeneration in APOE E4 carriers. (C) 2000 IBRO, Published by Elsevier Science Ltd.

CC NEUROSCIENCES
ST Author Keywords: Alzheimer's disease; apolipoprotein E; dominant negative; excitotoxicity; neurodegeneration; transgenic mice
STP KeyWords Plus (R): CENTRAL-NERVOUS-SYSTEM; ALZHEIMERS-DISEASE; MICE; PROTEIN; APOE; DEMENTIA; CORTEX; RISK
RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
BROWN D F	1998	57	955	J NEUROPATH EXP NEUR
BUTTINI M	1999	19	4867	J NEUROSCI
CORDER E H	1993	261	921	SCIENCE
EVERALL I P	1997	56	1202	J NEUROPATH EXP NEUR
FARRER L A	1997	278	1349	JAMA-J AM MED ASSOC
HOLTZMAN D M	1998	8	250	TRENDS CARDIOVAS MED
KNOWLES R B	1998	57	1122	J NEUROPATH EXP NEUR
MAHLEY R W	1988	240	622	SCIENCE
MASLIAH E	1995	136	107	EXP NEUROL
MASLIAH E	1997	78	135	NEUROSCIENCE
MAYEUX R	1995	45	555	NEUROLOGY
MUCKE L	1994	666	151	BRAIN RES
RABER J	1998	95	10914	P NATL ACAD SCI USA
ROSES A D	1996	802	50	ANN NY ACAD SCI
SHENG H X	1998	18	361	J CEREBR BLOOD F MET
SLOOTER A J C	1997	277	818	JAMA-J AM MED ASSOC
SZE C I	1997	56	933	J NEUROPATH EXP NEUR
TERRY R D	1991	30	572	ANN NEUROL

L21 ANSWER 13 OF 16 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 1999:526656 SCISEARCH
GA The Genuine Article (R) Number: 212FK
TI Hormone replacement therapy: the perspectives for the 21st century
AU Genazzani A R (Reprint); Gambacciani M
CS UNIV PISA, DEPT OBSTET & GYNECOL PIERO FIORETTI, VIA ROMA 55, I-56100 PISA, ITALY (Reprint)
CYA ITALY
SO MATURITAS, (31 MAY 1999) Vol. 32, No. 1, pp. 11-17.
Publisher: ELSEVIER SCI IRELAND LTD, CUSTOMER RELATIONS MANAGER, BAY 15, SHANNON INDUSTRIAL ESTATE CO, CLARE, IRELAND.
ISSN: 0378-5122.
DT Article; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 72
AB Nowadays different lines of evidence demonstrate the benefits of postmenopausal hormone replacement therapy (HRT). HRT is extremely effective in treating subjective symptoms and can really improve the quality of life of climacteric women. HRT and dementia: Estrogens are potentially relevant to the pathogenesis and treatment of **Alzheimer**'s disease. The effects of different progestogens on cognitive functions and **Alzheimer**'s disease are largely **unknown**. The **prevention** of **Alzheimer** disease might be a major indication to long term HRT. Large prospective, randomized trials will confirm these preliminary data. HRT and osteoporosis: HRT has been strongly correlated with higher bone mineral density and lower fracture incidence. Definite answers in terms of minimum effective dosages, timing and duration of HRT for fracture **prevention** are needed. HRT and cardiovascular disease: Different lines of evidence suggest that HRT can exert cardioprotective effects with substantial reduction of morbidity and mortality for cardiovascular disease in postmenopausal women. The effects and the role of progestogens in cardiovascular disease **prevention** are still debated. Prospective, randomized, controlled studies are needed to assess the

impact of different HRT regimens on cardiovascular events. HRT and cancel: The major issue in the relationship between HRT and cancer is breast cancer. Long-term and current HRT use are followed by a slight, though significant increase in the risk of breast cancer. Progestogens can modify the cellular response of normal as well as cancer breasts, The possible protective effect of continuous progestogen addition is very interesting and needs further investigation. Alternative to classical HRT: Selective estrogen receptor modulators (SERM). SERMs such as raloxifene (RAL) are a new class of drugs that exert site specific estrogenic or antiestrogenic effects in different target tissues. RAL prevents bone loss and reduces serum cholesterol in postmenopausal women. In contrast to estrogen RAL does not stimulate breast or uterine tissues. In vitro RAL is highly effective at inhibiting the growth of estrogen-dependent breast adenocarcinoma cells. SERMs are expected to represent a major breakthrough for postmenopausal health. Conclusion: HRT can be offered either as a preventive tool or as individualized care on the basis of personal needs. New therapeutic options like the SERMs will offer a substantial medical advancement for the treatment of postmenopausal women.

CC GERIATRICS & GERONTOLOGY; OBSTETRICS & GYNECOLOGY

ST Author Keywords: hormone replacement therapy; selective estrogen receptor modulators; postmenopausal women

STP KeyWords Plus (R): BONE-MINERAL DENSITY; BREAST-CANCER RISK; POSTMENOPAUSAL WOMEN; ESTROGEN-REPLACEMENT; CARDIOVASCULAR-DISEASE; RALOXIFENE HYDROCHLORIDE; OVARIECTOMIZED RATS; ENDOMETRIAL CANCER; SERUM-CHOLESTEROL; OVARIAN HORMONES

RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
*AM COLL PHYS	1992	117	1038	ANN INTERN MED
*WRIT GROUP PEPI T	1995	273	199	JAMA-J AM MED ASSOC
BAKER V L	1998	83	6	J CLIN ENDOCR METAB
BARRETTCONNOR E	1990	10	531	ARTERIOSCLEROSIS
BIRKHAUSER M H	1994	39	99	INT J FERTIL MENOP S
BIRKHAUSER M H	1997	2	35	MENOPAUSE REV
BLACK L J	1994	93	63	J CLIN INVEST
BOSS S M	1997	177	1458	AM J OBSTET GYNECOL
BUSH T L	1990	592	263	ANN NY ACAD SCI
BUSH T L	1985	7	80	EPIDEMIOL REV
CAGNACCI A	1992	74	1396	J CLIN ENDOCR METAB
CAMPBELL S	1978	54	59	POSTGRAD MED J
CHESNUT C H	1990		36	OSTEOPOROSIS 1990
CHRISTIANSEN C	1990	71	836	J CLIN ENDOCR METAB
DELMAS P D	1997	337	1641	NEW ENGL J MED
DISAIA P J	1995	76	2075	CANCER
EDEN J A	1995	2	67	MENOPAUSE
ELIA G	1993	49	509	OBSTET GYNECOL SURV
ERIKSEN E F	1996	19	S179	BONE S5
EVANS G	1994	134	2283	ENDOCRINOLOGY
EWERTZ M	1996	23	241	MATURITAS
GAMBACCIANI M	1993	77	1148	J CLIN ENDOCR METAB
GAMBACCIANI M	1994	8	392	OBSTET GYNECOL
GAMBRELL R D	1980	55	732	OBSTET GYNECOL
GOTTARDIS M M	1987	47	4020	CANCER RES
GRADY D	1992	117	1016	ANN INTERN MED
GRADY D	1995	85	304	OBSTET GYNECOL
GRODSTEIN F	1997	336	1769	NEW ENGL J MED
HEANEY R P	1996	312	251	AM J MED SCI
HORWITZ K B	1985	45	167	CANCER RES
JORNDAN V C	1987	10	31	BREAST CANC RES TREA
KANIS J A	1996	19	S185	BONE S5
KENEMANS P	1997	71	199	EUR J OBSTET GYN R B

KULLER L H	1997	105	593	ENVIRON HEALTH PERSP
LAURITZEN C	1996	52	S3	INT J GYNAECOL OB S1
LINDSAY R	1987	156	1347	AM J OBSTET GYNECOL
LOBO R A	1994	61	592	FERTIL STERIL
LOBO R A	1993	341	1313	LANCET
MARCHANT D J	1993	71	2169	CANCER
MELTON L J	1993		17	OSTEOPOROTIC SYNDROM
NABULSI A A	1993	328	1069	NEW ENGL J MED
NILAS L	1989	96	580	BRIT J OBSTET GYNAEC
NOTELENBOS C	1997	4	135	EUR MENOPAUSE J
NOTELOVITZ M	1993	59	707	FERTIL STERIL
OTTESEN B	1996	17	20	EUR HEART J
PAGANINIHILL A	1996	156	2213	ARCH INTERN MED
PAGANINIHILL A	1997	7	12	OSTEOPOROSIS INT
PARKER S L	1996	65	5	CA CANC J CLIN
PENOTTI M	1993	169	1226	AM J OBSTET GYNECOL
RIGGS B L	1981	67	328	J CLIN INVEST
ROSENBERG L	1976	294	1256	NEW ENGL J MED
ROSS R K	1981	18	858	LANCET
ROY J A	1996	14	997	J CLIN ONCOL
SARREL P M	1990	12	287	MATURITAS
SATO M	1995	272	1251	J PHARMACOL EXP THER
SCHNEIDER D L	1997	277	543	JAMA-J AM MED ASSOC
SESSION D R	1993	2	277	FERTIL STERIL
SHERWIN B B	1988	13	345	PSYCHONEUROENDOCRINO
SHERWING B B	1994	734	213	ANN NY ACAD SCI
SPICER D	1990	4	49	ONCOLOGY
STAMPFER M J	1991	325	756	NEW ENGL J MED
STAMPFER M J	1991	20	47	PREV MED
STANFORD J L	1995	274	137	JAMA-J AM MED ASSOC
STOLL B A	1989	25	1909	EUR J CANCER CLIN ON
SUTHERLAND R L	1988	48	5084	CANCER RES
VONSCHOULTZ B	1997	71	205	EUR J OBSTET GYN R B
WALLACH S	1959	171	1637	JAMA-J AM MED ASSOC
WALSH B W	1998	279	1445	JAMA-J AM MED ASSOC
WHITEHEAD M	1988	2	1243	LANCET
WHITEHEAD M I	1982	27	539	J REPROD MED
WILE A G	1993	165	372	AM J SURG
WREN B G	1996	3	4	MENOPAUSE

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AN 96:731796 SCISEARCH
GA The Genuine Article (R) Number: VK447
TI INFLAMMATORY PROCESSES AND ANTIINFLAMMATORY DRUGS IN ALZHEIMERS-DISEASE - A CURRENT APPRAISAL
AU BREITNER J C S (Reprint)
CS DUKE UNIV, MED CTR, DIV GERIATR PSYCHIAT, PROGRAM EPIDEMIOL DEMENTIA, BOX 41, 905 W MAIN ST, DURHAM, NC, 27710 (Reprint)
CYA USA
SO NEUROBIOLOGY OF AGING, (SEP/OCT 1996) Vol. 17, No. 5, pp. 789-794. ISSN: 0197-4580.
DT Article; Journal
FS LIFE
LA ENGLISH
REC Reference Count: 92
AB The study of risk factors and protective influences can yield clues to the pathogenesis of **Alzheimer**'s disease (AD). Intervention on such factors can effect disease **prevention** or treatment while etiology remains **unknown**. Most known AD risk factors offer no prospect of **prevention**, but 14 of 15 relevant publications since 1987 suggest that the symptoms of AD are prevented or attenuated by antiinflammatory treatments. These findings are supported by numerous circumstantial findings suggesting a role for cytokines and acute phase

reactants in the pathogenesis of AD. In particular, activated microglia and/or reactive astrocytes, found within or near all AD lesions, are thought to kill target cells by using either free radicals or the classical complement pathway. These mechanisms should be suppressed by glucocorticoids, but the available data suggest that nonsteroidal antiinflammatory drugs (NSAIDs) exert a stronger protective influence than steroids. NSAIDs (but not steroids) suppress the action of cyclooxygenases (COX), which catalyze synthesis of prostaglandins. The latter are intermediaries in the postsynaptic signal transduction cascade of cells with NMDA-type glutamate receptors. They may also potentiate glutamatergic transmission by inhibiting astrocytic reuptake of glutamate. Both mechanisms can potentiate excitotoxic cell death. Further work is needed to clarify whether steroids, NSAIDs, or both prevent or attenuate the symptoms of AD.

CC NEUROSCIENCES

ST Author Keywords: ANTIINFLAMMATORY DRUGS; ALZHEIMERS DISEASE; CORTICOSTEROIDS; GLUCOCORTICOIDS; INFLAMMATION; NONSTEROIDAL ANTIINFLAMMATORY DRUGS (NSAIDS); **PREVENTION**; TREATMENT

STP KeyWords Plus (R): MICROGLIAL CELLS; RISK-FACTORS; HEAD-INJURY; COMPLEMENT ACTIVATION; RHEUMATOID-ARTHRITIS; AMYLOID PLAQUES; BRAIN; DEMENTIA; INTERLEUKIN-1; PROTEIN

RF 94-6132 003; MICROGLIA IN ALZHEIMERS-DISEASE; BRAIN INTERLEUKIN-1-BETA; MULTIINFARCT DEMENTIA

94-4826 002; PROSTAGLANDIN ENDOPEROXIDE SYNTHASE-2; RAT MESANGIAL CELLS; REGULATED EXPRESSION

94-0954 001; NONSTEROIDAL ANTIINFLAMMATORY DRUGS; ISOZYME-SELECTIVE PHOSPHODIESTERASE INHIBITORS; TREATMENT OF ACID-RELATED DISEASE

94-1164 001; BETA-AMYLOID PEPTIDE; ALZHEIMERS-DISEASE BRAIN; MECHANISM UNDERLYING INCREASED NA+/CA2+ EXCHANGE ACTIVITY

94-3525 001; BETA-AMYLOID PRECURSOR PROTEIN IN ALZHEIMERS-DISEASE; APOLIPOPROTEIN-E PROFILE OF AGED CHIMPANZEES; SWEDISH APP670/671 MUTATION

94-4035 001; N-METHYL-D-ASPARTATE RECEPTOR-MEDIATED GLUTAMATE CYTOTOXICITY; GP120 NEUROTOXICITY IN PRIMARY CORTICAL CULTURES; NITRIC-OXIDE SYNTHASE; NEURONAL PROTECTION

94-5289 001; VASCULAR DEMENTIA; COGNITIVE IMPAIRMENT IN OLDER INDIVIDUALS; URBAN ELDERLY POPULATION; RISK-FACTORS FOR ALZHEIMERS-DISEASE

RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
ABRAHAM C R	1988	52	487	CELL
AISEN P S	1995	9	173	DEMENTIA
ALTSTIEL L D	1991	15	481	PROG NEURO-PSYCHOPH
ANDERSEN K	1995	45	1441	NEUROLOGY
BAN E M H	1994	5	31	IMMUNOMETHODS
BANATI R B	1993	7	111	GLIA
BAUER J	1991	285	111	FEBS LETT
BAUER J	1992	143	650	RES IMMUNOL
BREITNER J C S	1991	115	601	ANN INTERN MED
BREITNER J C S	1994	150	S 175	NEUROBIOL AGING
BREITNER J C S	1995	16	523	NEUROBIOL AGING
BREITNER J C S	1994	44	227	NEUROLOGY
BRETELER M M B	1992	14	59	EPIDEMIOL REV
BRETELER M M B	1991	20	S 36	INT J EPIDEMIOL S2
BROE G A	1990	40	1698	NEUROLOGY
CHOI D W	1988	1	623	NEURON
CHUI D H	1994	145	771	AM J PATHOL
COLTON C A	1987	223	284	FEBS LETT
CORDELL B	1994	34	69	ANN REV PHARM TOXICO
CORDER E H	1993	261	921	SCIENCE
CORRADIN S B	1993	7	255	GLIA
EIKELENBOOM P	1989	56	259	VIRCHOWS ARCH B
EINSTEIN G	1995	21	1008	SOC NEUR ABSTR

FILLIT H	1991	129	318	NEUROSCI LETT
FRATIGLIONI L	1993	87	1	ACTA NEUROL SCA S145
FREDERICKSON R C A	1994	8	159	ALZ DIS ASSOC DIS
FREDERICKSON R C A	1992	13	239	NEUROBIOL AGING
GIULIAN D	1993	7	102	GLIA
GOLDGABER D	1989	86	7606	P NATL ACAD SCI USA
GOTTSCHALL P E	1994	637	197	BRAIN RES
GRAVES A B	1990	131	491	AM J EPIDEMIOL
GRAVES A B	1990	28	766	ANN NEUROL
GRIFFIN W S T	1989	86	7611	P NATL ACAD SCI USA
HAGA S	1993	601	88	BRAIN RES
HANSEN L A	1988	38	48	NEUROLOGY
HEBERT L E	1992	135	347	AM J EPIDEMIOL
HENDERSON A S	1990		15	ALZHEIMERS DIS
HENDERSON A S	1992	22	429	PSYCHOL MED
HEYMAN A	1984	15	335	ANN NEUROL
HOLSTEIN J	1994	42	972	J AM GERIATR SOC
JENKINSON M L	1989	28	86	BRIT J RHEUMATOL
JORM A F	1991	20	S 43	INT J EPIDEMIOL S2
KATSUURA G	1989	124	3125	ENDOCRINOLOGY
KATZMAN R	1988	23	138	ANN NEUROL
KOH J Y	1990	533	315	BRAIN RES
KUKULL W A	1994	44	A 237	NEUROLOGY S2
LEREA L S	1993	10	31	NEURON
LI G	1992	42	1481	NEUROLOGY
LUCCA U	1994	36	854	BIOL PSYCHIAT
LUE L F	1992	3	308	DEMENTIA
MADISON D V	1991	14	379	ANN REV NEUROSCI
MAYEUX R	1993	33	494	ANN NEUROL
MAYEUX R	1995	45	555	NEUROLOGY
MCDOWELL I	1994	44	2073	NEUROLOGY
MCGEER P L	1994	8	149	ALZ DIS ASSOC DIS
MCGEER P L	1989	16	516	CAN J NEUROL SCI
MCGEER P L	1992	3	146	DEMENTIA
MCGEER P L	1995	9	111	DEMENTIA
MCGEER P L	1993	7	84	GLIA
MCGEER P L	1990	335	1037	LANCET
MORTIMER J A	1995			ANN M AM PSYCH ASS N
MORTIMER J A	1991	20	S 28	INT J EPIDEMIOL S2
MRAK R E	1995	26	816	HUM PATHOL
MYLLYKANGASLUOS.R	1994	33	501	BRIT J RHEUMATOL
NIETOSAMPEDRO M	1987	8	249	NEUROBIOL AGING
NORRIS J G	1993	45	137	J NEUROIMMUNOL
OBANION M K	1992	89	4888	P NATL ACAD SCI USA
OLTERSDORF T	1989	341	144	NATURE
RICH J B	1995	45	51	NEUROLOGY
ROBERTS G W	1994	57	419	J NEUROL NEUROSUR PS
ROGERS J	1993	43	1609	NEUROLOGY
ROSES A D	1994	14	111	CURR NEUROL
ROZEMULLER J M	1989	101	288	NEUROSCI LETT
ROZEMULLER J M	1990	109	75	NEUROSCI LETT
RUBIO N	1994	82	178	IMMUNOLOGY
SATZ P	1993	7	273	NEUROPSYCHOLOGY
SCHOFIELD P W	1995	52	95	ARCH NEUROL-CHICAGO
SMEYNE R J	1993	363	166	NATURE
SMITH W L	1991		297	BIOCH LIPIDS LIPOPRO
SMITH W L	1991	1083	1	BIOCHIM BIOPHYS ACTA
SOLL A H	1991	114	307	ANN INTERN MED
STEFFENS D C				IN PRESS BIOL PSYCHI
STERN Y	1994	271	1004	JAMA-J AM MED ASSOC
STRITTMATTER W J	1994	125	163	EXP NEUROL
SUNAMI A	1991	13	85	METHOD FIND EXP CLIN
VANDUIJN C M	1992	135	775	AM J EPIDEMIOL

VANE J	1987	11	89	FASEB J
VANE J	1994	367	215	NATURE
VAUGHN D M	1991	17	55	SOC NEUR ABSTR
WAGSTAFF A J	1994	4	510	DRUG AGING
WALKER D G	1995	40	478	J NEUROSCI RES
ZHANG M Y	1990	27	428	ANN NEUROL

L21 ANSWER 15 OF 16 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 94:727204 SCISEARCH
GA The Genuine Article (R) Number: PQ964
TI THERAPY OPTIONS IN ALZHEIMERS-DISEASE
AU GOTTFRIES C G (Reprint)
CS GOTHENBURG UNIV, MOLNDAL HOSP, DEPT CLINN NEUROSCI, PSYCHIAT & NEUROCHEM SECT, S-43180 MOLNDAL, SWEDEN (Reprint)
CYA SWEDEN
SO BRITISH JOURNAL OF CLINICAL PRACTICE, (NOV/DEC 1994) Vol. 48, No. 6, pp. 327-330.
ISSN: 0007-0947.
DT General Review; Journal
FS CLIN
LA ENGLISH
REC Reference Count: 28
AB The aetiology of **Alzheimer**'s disease and senile dementia of the **Alzheimer** type (AD/SDAT) are **unknown**, and primary **prevention** is thus infeasible. As overactivity in the hypothalamic-pituitary-adrenal axis (possibly indicating maladaptation to stress) and vitamin B-12 deficiency are common, secondary **prevention** should focus on stress and dietary factors. Nerve growth factors and ganglioside GM1 have been used to inhibit progression of the disorder, but this treatment is still at an experimental stage, as are efforts to prevent the formation of amyloid. Breakthroughs in AD/SDAT treatment have been seen in trials with supplementation of neurotransmitter deficits. Tacrine, a drug that inhibits acetylcholinesterase, has proved to have a cognitive-enhancing effect, but this is limited in time and the drug has side-effects. Selective serotonin reuptake inhibitors have a proven effect on the emotional disturbances seen in AD/SDAT.
CC MEDICINE, GENERAL & INTERNAL
STP KeyWords Plus (R): DEMENTIA DISORDERS; CITALOPRAM; MULTICENTER
RF 92-5091 001; TACRINE IN ALZHEIMERS-DISEASE; POTENT ACETYLCHOLINESTERASE INHIBITORS; AGED RATS; CENTRAL CHOLINERGIC AGENTS; BRAIN SIGNAL TRANSDUCTION DISTURBANCES
RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
AMADUCCI L	1991		325	ANN NY ACAD SCI 0215
BALLDIN J	1988	3	17	INT J GERIATR PSYCH
BLENNOW K	1992	5	106	J GERIATR PSYCH NEUR
BODICK N	1994	10	S 858	NEUROPSYCHOPHARM S 1
CARTA A	1991	640	297	ANN NY ACAD SCI
CROOK T	1991	2	888	BIOL PSYCHIAT
CROOK T	1991	2	112	BIOL PSYCHIAT
DAVIS K L	1990		14	20TH AM COLL NEUR AB
FABER S A	1994	15	258	NEUROBIOL AGING S1
GASZNER P	1991	2	169	BIOL PSYCHIAT
GOTTFRIES C G	1991	640	276	ANN NY ACAD SCI
GOTTFRIES C G	1993	1	303	INT REV PSYCHIATRY
HACKMAN B W	1976	4	303	CURRENT MED RES OPIN
HAGINO N	1981	2	85	BIOMED RES
KLINKHAMMER P	1990	1	197	DEMENTIA
LAMY P P	1994	1	146	CNS DRUGS
LEVIMONTALCINI R	1964	113	149	ANN NY ACAD SCI

NYTH A L	1992	86	138	ACTA PSYCHIAT SCAND
NYTH A L	1990	157	894	BRIT J PSYCHIAT
OLSON L	1992	4	79	J NEURAL TRANSM-PARK
REGLAND B	1988	78	451	ACTA PSYCHIAT SCAND
REGLAND B	1992	38	11	MED HYPOTHESES
RICE M M	1994	15	18	NEUROBIOL AGING S1
SAPOLSKY R M	1986		151	TREATMENT DEV STRATE
SUMMERS W K	1986	315	1241	NEW ENGL J MED
SVENNERHOLM L				IN PRESS ALZHEIMERS
SVENNERHOLM L	1994	62	1039	J NEUROCHEM
TERRY R D	1991	30	572	ANN NEUROL

L21 ANSWER 16 OF 16 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AN 92:274757 SCISEARCH
GA The Genuine Article (R) Number: HQ911
TI ALUMINOSILICATE-INDUCED FREE-RADICAL GENERATION BY MURINE BRAIN GLIAL-CELLS INVITRO - POTENTIAL SIGNIFICANCE IN THE ETIOPATHOGENESIS OF ALZHEIMERS DEMENTIA
AU EVANS P H (Reprint); PETERHANS E; BURGE T; KLINOWSKI J
CS MRC, DUNN NUTR CTR, DOWNHAMS LANE, MILTON RD, CAMBRIDGE CB4 1XJ, ENGLAND (Reprint); UNIV BERN, INST VET VIROL, CH-3000 BERN, SWITZERLAND; UNIV CAMBRIDGE, DEPT CHEM, CAMBRIDGE, ENGLAND
CYA ENGLAND; SWITZERLAND
SO DEMENTIA, (JAN/FEB 1992) Vol. 3, No. 1, pp. 1-6.
ISSN: 1013-7424.
DT Article; Journal
FS LIFE; CLIN
LA ENGLISH
REC Reference Count: 60
AB While previous studies have identified aluminosilicate deposits within the senile plaque cores from subjects with **Alzheimer**'s dementia, their possible role in the aetiopathogenesis of the disease remains **unknown**. In the present in vitro chemiluminescent study, we show that cultured murine glial cells exhibit the capacity to generate free radical and related oxygen-derived metabolites when exposed to various natural and synthetic model aluminosilicate particulate samples of differing particle size, morphology and composition. These results, if applicable to the proposed analogous in vivo situation in humans, suggest that further research into the biochemical and cellular mechanisms influencing the production and modulation of tissue-injurious free radical oxygen-derived metabolites within the brain, could have significant implications in the pathogenesis, **prevention** and treatment of Alzheimer's disease.
CC NEUROSCIENCES; PSYCHIATRY
ST Author Keywords: GLIA; BRAIN; MACROPHAGES; CHEMILUMINESCENCE; FREE RADICALS; OXIDANT; ALUMINUM SILICATES; ALZHEIMERS DEMENTIA
STP KeyWords Plus (R): CENTRAL-NERVOUS-SYSTEM; PROMOTING PHORBOL ESTERS; SENILE PLAQUE-FORMATION; VITAMIN-E; DISEASE; ALUMINUM; CALCIUM; ACTIVATION; MACROPHAGES; SUPEROXIDE
RF 91-0558 002; ALUMINUM NEUROTOXICITY; ALZHEIMERS-DISEASE NEUROFIBRILLARY TANGLES; BONE-MARROW CHROMOSOMES IN RATS INVIVO
91-0391 001; ENDOTHELIUM-DERIVED RELAXING FACTOR NITRIC-OXIDE SYNTHASE; L-ARGININE PATHWAY; CONTINUOUS BASAL EDRF RELEASE
91-3798 001; PROTEIN-KINASE-C ISOZYMES; PHORBOL ESTER ACTIVATION; ALPHA-ISOENZYME EXPRESSION IN MURINE PERITONEAL B-CELLS
RE

Referenced Author (RAU)	Year (RPY)	VOL (RVL)	PG (RPG)	Referenced Work (RWK)
ANNEREN G	1986	73	586	ACTA NEUROL SCAND
AUERBACH O	1980	77	133	CHEST
BABIOR B M	1984	64	959	BLOOD
BANIN E	1990	39	171	NEUROSCIENCE

BECKMAN J S	1990	87	1620	P NATL ACAD SCI USA
BIANCHI C	1986	7	145	ITAL J NEUROL SCI
BRAUGHLER J M	1985	45	1288	J NEUROCHEM
BURNS A	1986	1	805	LANCET
CADET J L	1988	40	13	INT J NEUROSCI
CANDY J M	1986	1	354	LANCET
CANDY J M	1986	147	443	MOD TRENDS AGING RES
CASTAGNA M	1982	257	7847	J BIOL CHEM
CHAPPELL J S	1988	153	1	INORG CHIM ACTA
COLTON C A	1987	223	284	FEBS LETT
COLTON C A	1986	2	141	J FREE RAD BIOL MED
DOWSON J H	1982	140	142	BRIT J PSYCHIAT
EVANS P H	1989	43	313	BIBL NUTR DIET
EVANS P H	1989	6	317	FREE RADICAL RES COM
EVANS P H	1987		213	FREE RADICALS OXIDAN
EVANS P H	1990	34	209	MED HYPOTHESES
EVANS P H	1988	9	225	NEUROBIOL AGING
FINKEL T H	1987	262	12589	J BIOL CHEM
FRACKOWIAK J	1990	11	327	NEUROBIOL AGING
FREI K	1986	137	3521	J IMMUNOL
GIBSON G E	1987	8	329	NEUROBIOL AGING
HALLIWELL B	1989	126	23	ACTA NEUROL SCAND
HARMAN D	1988	84	155	MOL CELL BIOCHEM
IACOPINO A M	1990	87	4078	P NATL ACAD SCI USA
JEANDEL C	1989	35	275	GERONTOLOGY
JORDAN F L	1988	13	165	BRAIN RES REV
KEISARI Y	1984	34	845	INT J CANCER
KELLY M J	1988	25	249	PROG MED CHEM
KLINOWSKI J	1986	82	569	J CHEM SOC FARAD T 1
LANDSBERG J P	1990	11	317	NEUROBIOL AGING
LARRICK J W	1987	69	640	BLOOD
LASZLO P	1987	235	1473	SCIENCE
MARTINS R N	1986	46	1042	J NEUROCHEM
MARTYN C N	1989	1	59	LANCET
MATSUYAMA S S	1989	86	8152	P NATL ACAD SCI USA
MCGEER P L	1989	16	516	CAN J NEUROL SCI
MCLACHLAN D R C	1989	16	490	CAN J NEUROL SCI
MCLACHLAN D R C	1991	337	1304	LANCET
MEANS E D	1983	42	707	J NEUROPATH EXP NEUR
METCALFE T	1989	14	1209	NEUROCHEM RES
MIZUNO Y	1986	46	1344	J NEUROCHEM
MORTIMER J A	1985	35	264	NEUROLOGY
NETTER P	1983	42	S 114	ANN RHEUM DIS
NEWSAM J M	1986	231	1093	SCIENCE
PERL D P	1987	1	1028	LANCET
PERRY T L	1987	21	331	ANN NEUROL
PROBST A	1987	74	133	ACTA NEUROPATHOL
REES S	1983	59	31	ACTA NEUROPATHOL
RIFAT S L	1990	336	1162	LANCET
ROBERTS E	1986	7	561	NEUROBIOL AGING
SONDERER B	1987	42	463	J LEUKOCYTE BIOL
TOLONEN M	1985	7	161	BIOL TRACE ELEM RES
TRUMP B F	1981	11	435	SCAN ELECTRON MICROS
VOGELSANG G D	1989		791	ALZHEIMERS DISEASE R
WEI E P	1986	251	H 693	AM J PHYSIOL
WILLIAMS A E	1990	16	377	NEUROPATH APPL NEURO